

CLAIMS ONLY

Application Number

09/850229

Filing Date

Applicant(s)

multiple Co-pendant

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							61	4				
2							52	1				
3							63	1				
4							54	1				
5							55					
6							56	1				
7							57	1				
8							58	1				
9							59	1				
10							60	1				
11							61	1				
12							62					
13							63					
14							64					
15							65	1				
16							66					
17							67	2				
18							68	1				
19							69	1				
20							70	2				
21							71	2				
22							72					
23							73					
24							74					
25							75					
26							76					
27							77	1				
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	9						Total Indep					
Total Depend	94						Total Depend					
Total Claims	103						Total Claims					